Do not remove from surgery.

CAUTION

L-F Bovie Electrosurgical Units are sold only for use by qualified physicians and surgeons. The observance of safe and established medical practices is essential to their proper use, otherwise there are possibilities of injury to patients or operators.

PREVENTION OF HIGH FREQUENCY SKIN BURNS

Burns are possible either from the indifferent electrode (if improperly prepared and applied) or from the active electrode if it is carelessly handled or laid on the patient when not in use.

Edges of the indifferent plate should be turned back on themselves and applied away from the patient's skin. The plate should be rolled flat each time before using (wrinkles, irregularities or sharp points will cause concentration of current and probable burns). To insure good contact, the plate and patient's skin should have a generous application of heavy soap lather or K-Y Jelly and, under no circumstances, should the plate be applied over hair or hard scar tissues. Hair and scar tissue are non-conducting and may cause concentration of current at other points under the electrode.

When not in use, the chuck handle and active electrode should be placed on the sterilizable instrument rack attached to the machine because, if laid on top of patient, a burn may result if footswitch is depressed.

PREVENTION OF BURNS RESULTING FROM ACCIDENTAL IGNITION OF INFLAMMABLE FLUIDS

When an inflammable fluid (such as alcohol) is used to cleanse the field preparatory to surgery, it is well to remember that there is possibility of igniting any residual liquid by a spark from the electrode. When inflammable fluids or solvents are used, allow sufficient time for complete evaporation and be sure that dressings, coverings, clothing, etc., surrounding the field are not saturated with the liquid.

PREVENTION OF EXPLOSION FROM IGNITION OF INFLAMMABLE INHALANT ANAESTHETICS

The use of an electrosurgical machine imposes some limitations on the type of anaesthetics which can be safely used. Choice of anaesthesia should be made with full consideration of the danger of using electrical sparks in the presence of explosive gasses.

Some gasses, such as ethylene, cyclopropane and vinyl ether, are so explosive in small concentrations that they should never be used with electro-surgery. Ether, while dangerous in the absence of proper precautions, can be used with reasonable safety by the "closed method" if the patient's head and the anaesthetist are separated from the operating field by moist drapes, if the operating room is continuously ventilated, and care is taken to prevent spillage and to immediately remove empty ether cans.

It should be recognized, of course, that all commonly used inhalant anaesthetics are inflammable and especially so when used with oxygen. Therefore, caution is advised even when such "comparatively safe" gasses as nitrous oxide and chloroform are used.

No inhalant of even the slightest degree of inflammability should be used when there is any communication between the operating field and the respiratory passages.

With present day techniques for administering spinal, intra-muscular, oral and rectal anaesthetics, together with the safer gasses, the surgeon has a wide choice from which to select an appropriate anaesthesia for any electrosurgical procedure.

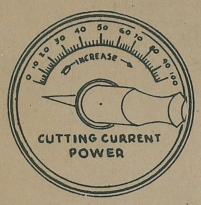
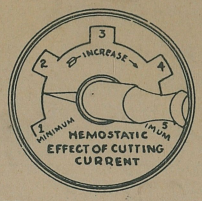
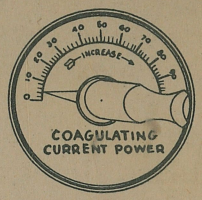
Control Settings

FOR TECHNIQUES COMMONLY PERFORMED WITH THE DAVIS-BOVIE

CAUTION: THE DAVIS-BOVIE IS SOLD FOR USE ONLY BY QUALIFIED PHYSICIANS AND SURGEONS

Power settings printed on this sheet are approximate. When accurate preferred settings have been determined, insert them with ink in the spaces provided.

All Techniques are Bi-Polar, i.e., indifferent plate applied to patient.

	Cutting 	 Hemostatic Effect of Cutting Current	Coagulating 	Suggestions for Procedure ↓
Prostatic Resection with Stern-McCarthy or other cutting loop instruments	28 Fr. 60 to 85 24 Fr. 50 to 75	For average cases No. 1 For vascular cases No. 2	28 Fr. 50 to 60 24 Fr. 40 to 50	Detailed Suggestions Pages 8 and 9 Instruction Book
Punch Resection Thompson instruments or Braasch-Bumpus punch	→	→	Fulguration Tip 40 to 50 Multiple Needle Electrode 100	See instructions furnished by manufacturer of instrument
Bladder Fulguration	→	→	40 to 60 depending on size of tip	Use lower power to blanche tissue readily
Cervical Conization	40 to 50	No. 2	30 to 40	See conization technique accompanying instrument
Retinal Detachments	1 point 20 2 point 22 3 point 24 4 point 26 6 point 30	No. 4 Only	Be sure to set at Zero O	Detailed suggestions Pages 12 to 14 Instruction Book
Intra-Pleural Pneumolysis (Moore or Matson instruments)	35 to 50	No. 2	Point — 25 to 35 Ball — 30 to 40	See "Fundamentals" Page 15
Electro-Hemostasis	→	→	25 to 40 depending on tip or size of Hemostat	See "Fundamentals" Page 26-30
Massive Coagulation	→	→	30 to 50 depending on type and size of electrode	Low power and longer time gives deeper coagulation than high power for short time
Skin Incisions where primary union is expected	30 to 40	No. 1 Only	←	Use small flat blade perpendicular to tissue and cut rapidly
Muscle Dissection when primary union is expected	30 and up depending on depth of cut	No. 1 or No. 2	←	Use small or large flat blade
Fat or Cartilage Dissection	40 to 50	No. 1 Only	←	Use only small blade, cut rapidly
Stomach, Intestine or Bladder Wall Resection	30 and up	No. 2 or 3	←	Use small or large flat blade
Incision or Dissection where primary union is NOT expected (as excising a malignancy with wound left to granulate)	30 and up	No. 3, 4, or 5 depending on vascularity	←	For maximum hemostatic effect, use large needle, cut slowly

LOCAL L-F REPRESENTATIVE:

THE LIEBEL-FLARSHEIM CO.

303 WEST THIRD ST., CINCINNATI, OHIO

(DETACH AND HANG NEAR OPERATOR, IF DESIRED)